	PATENT A		0	rg	78	831	9						
CLAIMS ÁS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			·					RATE	F	EE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 35	5.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		*			X\$ 9:	_		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		*			X40=	-		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135:			1	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR OR	TOTAL	
CLAIMS AS AMENDED - PART II								IOIA	<u> </u>		OH	OTHER	THAN
	(Column 1) (Column 2) (Column 3)								L ENT	ITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	-		OR	X\$18=	•
	Independent	*	Minus	***		=		X40=			OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDI			PENDEN	CLAIM			+135=	_		OR	+270=	1
								TOT				TOTAL	
				(Column 2) (Column 3)				ADDIT. FI	EE L		OR	ADDIT. FEE	
AMENDMENT B		(Column 1) CLAIMS		- HIGH	IEST	(Column 3)	1		ΔΓ	DI-	1 1		ADDI-
	/	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIO	NAL E		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	:		OR	X\$18=	
	Independent	*	Minus	***	. OL AINA	=		X40=			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=	
	BEST AVAILABLE COPY								AL			TOTAL	
									E <b>L</b>		1011	ADDIT. FEE	
		CLAIMS		HIGH	EST	(Column 3)	Г		AD	DI.	ı	-	ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIOI FE	NAL		RATE	TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=		X40=	1		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┟		+	$\dashv$	UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Pai					r fou	nd in the	appropria	ate box	in col	umn 1.	

Application or Docket Number